

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Samantha Cassista</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012		
Mailing Address 19 Deep Hole Rd			Amount <span style="border: 1px solid black; padding: 2px;">746.69</span>		
City Chester		State NH	Zip Code 03036		
Purpose of Expenditure Field Organizer		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : SE.12000	
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Office Sought: <input checked="" type="checkbox"/> House    State: NH <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">36018.50</span>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Todd Dolan</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012		
Mailing Address 206 B Mt. Delight Rd			Amount <span style="border: 1px solid black; padding: 2px;">533.35</span>		
City Deerfield		State NH	Zip Code 03037		
Purpose of Expenditure Field Organizer		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : SE.12001	
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Office Sought: <input checked="" type="checkbox"/> House    State: NH <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">36551.85</span>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">1280.04</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012</p>					

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(SCHEDULE E)

PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Monique Richards**

Date

MM / DD / YYYY  
11 / 01 / 2012

Mailing Address 77 Market Street

#18

City

Manchester

State

NH

Zip Code

03101

Amount

320.01

Transaction ID : SE.12002

Purpose of Expenditure  
Field Organizer

Category/  
Type

Office Sought:

☒

House

State: NH

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

FRANK GUINTA

Calendar Year-To-Date Per Election  
for Office Sought

36871.86

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐

House

State: \_\_\_\_\_

☐

Senate

District: \_\_\_\_\_

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.01

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

1600.05

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 01 / 2012